U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 5033

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

		<u> </u>	1 / 1 /	2004 Through:	12 / 31 / 2004	
3. Name and address of person filing.		4. Name,	4. Name, file number, and address of labor organization.			
Name Luann	Taylor	Name	Transportat:	ion Communicat	tion Intl Union	
		Labor 0	Organization File N	umber 000-196	Grande de la companya	
P.O. Box, Bldg., Room No., if any		P.O. Bo	ox, Building and Ro	oom Number, if any	en e	
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City Rockville		City	Rockville			
State Maryland	ZIP Code + 4 20850	State	Maryland	and the state of t	ZIP Code + 4 20850	
Enter appropriate data below If, duri	(except as specified in the e	xclusions set fo	rth in the instruction	ons):	the following interests	
A Held an interest in engaged in tra	insactions (including loans) with,	or derived inc	ome or other acc	nomic benefit of		
monetary value from an employer v	whose employees your organiz	ation represe	ents or is actively	seeking to repres	ent.	
monetary value from an employer v	whose employees your organiz	ation represe	ents or is actively	saction, or Income.	ent.	
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6. Name and address of Employer (inclu	whose employees your organiz	ation represe	ents or is actively	seeking to repres		
6. Name and address of Employer (inclu Name Trade Name, if any:	whose employees your organiz	7.a. Natur	ents or is actively	seeking to repres		
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6. Name and address of Employer (inclu Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	whose employees your organized ing trade name, if any). ZIP Code + 4	7.a. Natur	ents or is actively	seeking to repres	ent.	
nonetary value from an employer of the control of t	whose employees your organizeding trade name, if any). ZIP Code + 4 Sundersigned declares, under penalty information contained in any accompany	7.a. Natur 7.b. Amou	ents or is actively re of Interest, Transfer	enalties of the law, the	at all of the information	
6. Name and address of Employer (inclu Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State 15. Signature and verification. The usubmitted in this report (including the incomplete in this report (including the incomplete in this report (including the incomplete in this report (including the incomplete).	whose employees your organizeding trade name, if any). ZIP Code + 4 Sundersigned declares, under penalty information contained in any accompany	7.a. Natura 7.b. Amou	ents or is actively re of Interest, Transfer	enalties of the law, the	nat all of the information ry and is, to the best of the	

Name of Person Filing LuAnn Taylor	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Calibre CPA Group, PLLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1050 Street 1850 K Street, NW City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Performs annual audit of the Union			
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$100,000 12.a. Nature of interest held or income received. Business lunch to discuss planning the upcoming audit			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	D 2005 Sing the explored State of the explored production of the state		